

DECLARATION

As a below named inventor, I declare that:

inve:	ntor (if o er which	nly one is claim RNA th	name is listed beloved and for which a	w) or an original, f patent is sought or which X is	irst and the in attach	joint inventor (if pluvention entitled: DET ed hereto or	ne; I believe I am the ral inventors are named ECTION OF NON-V	I below) of the subject TRAL ORGANISMS	
amer Code forei or in	ndment re e of Fede gn applic ventor's	eferred to eral Regu cation(s) certifica	o above. I acknowl ulations, Section 1.5 for patent or invent te having a filing da	edge the duty to di 56. I claim foreign for's certificate list te before that of th	sclose in priorited below application	nformation which is r y benefits under Title w and have also ident ation on which priori		as defined in Title 37, de, Section 119 of any a application for patent	
I her	eby clain	n the ber	iefit under Title 35,	United States Cod	e § 1190	e) of any United State	es provisional applicati	on(s) listed below:	
# *			Application No.		Filing Date		g Date		
## F 11)/090,063		June 19, 1998			
subje the f Title	ect matter irst parag 37, Code	r of each graph of e of Fede	of the claims of thi Title 35, United Sta	s application is not ites Code, Section ection 1.56 which o	disclos 112, I a	ed in the prior United cknowledge the duty	application(s) listed be I States application in the to disclose material infact ate of the prior applicat	ne manner provided by formation as defined in	
tung gang man tang tung tung tung tung tung tung tung tu		Application No.		Date of Filing			Status		
					,				
1112	Full Name of		Last Name:		First Name:		Middle Name or Initial: Christian		
	Inventor 1: Residence &		Boles City:		State/Foreign Country:			Country of Citizenship:	
	Citizenship:		Waltham		Massachusetts		USA		
	Post Office		Post Office Address:		City:		State/Country:	Postal Code:	
	Address:		5 Judith Lane #6		Waltham		MA	02154	
	Full Name of		Last Name:		First Name:		Middle Name or I	Middle Name or Initial:	
	Inventor 2		Weir		Lawrence		Country of Citican	Country of Citizenship:	
• Residence &			City: Hopkington		State/Foreign Country: Massachusetts			England	
	Citizenship:		Post Office Address:		City:			State/Country: Postal Code:	
	Post Office Address:		5 Turnbridge Lane		Hopkington		MA	01748	
	Full Name of		Last Name:		First Name:			Middle Name or Initial:	
	Inventor 3:		Stone		Benjamin		В.	В.	
	Residence &		City:		State/Foreign Country:			Country of Citizenship:	
	Citizenship:		Holliston		Massachusetts City:		USA		
	Post Office		Post Office Address:			ton	State/Country:	Postal Code:	
	4 3 1	_	I I I WINTHTON SI			14111	I IVI A	1 17 1 /44(1	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
T. Christian Boles	Lawrence Weir	Benjamin B. Stone
Date	Date	Date

[] SE]004652 v1

W 7

i,n

1

ii,h ii.a